APPLICATION FOR RECORDS RETENTION SCHEDULE

**OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION**

INSTRUCTIONS: See Publication No. 76–RM–1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE	1. Agency Address	FOR RECORDS MANAGEMENT USE
Application Date June 24, 1976	Department of Human Resources Division of Administration Patient Accounts Unit 47 Trinity Avenue, Rm. 318-H Atlanta, Ga.	**Application Number** 76-219
Application Number DHR-76		**Date Received** JUN 2 8 1976 **Date Completed** JUL - 6 1976

2. Person to Contact Gwen Brewster **Working Title** Director **Telephone Number** 656-4860

3. Action Requested
a. ☒ Establish Retention Schedule; record will continue to accumulate.
b. ☐ Dispose of present accumulation; no further accumulation anticipated.
c. ☐ Amend Application No. _____ Check One: ☐ Change; ☐ Supercede; ☐ Void

4. Dates of Series Earliest 1970 | Latest Present

5. Records Series Title *(followed by title used in office; if different)*
Patient Accounts Patient Ledger Files

6. Division and Office Function What is the function of the Division and the Office in which this record series is created?

The Division of Administration is responsible for providing administrative support to the Department. This includes general accounting services; budget development and management; general support services; data processing and management information systems; patient accounts services; and personnel services.

The Patient Accounts Unit is responsible for actively investigating each patient's ability to pay upon entering any State hospital; applies and collects for cost of care from hospital. This office also receives Medicare insurance, Medicaid checks, personal net income or other benefits and applies them to individual accounts, checking to be sure there is no overpayment.

7. Record Series Description This file contains the following documents *(include form numbers and titles, if any)*: Attach samples of the file.

Documents relating to: the maintenance of listings identifying financial accounts of patients admitted to State Hospitals.

Included are: Patient Ledger/Computer Listing identifying hospital code, patient account #, dates of service, payee #, patient name, transaction date, account balance brought forward, billing to date, paid to date, and current account balance.

File is arranged: chronologically by year thereunder by month.

8. Monthly Reference Rate How often are records referred to which are:
One to six months old __10__; Seven to twelve months old __5__; Thirteen to twenty-four months old __5__; twenty-five months and older __1__?

9. Annual Rate of Accumulation of Records
Letter-size drawers _____; Legal-size drawers _____; Shelves __2__; Other *(specify)* _____

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. *Confidential client information*
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
X		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy. *Annual report ledger*
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series *(or a major portion of it)* regularly microfilmed? *Request for COM attached*
X		j. Does the record series result in a computer printout?

11. Retention Requirements   The following requires the series to be kept:

a. State Law _____ years.   d. Audit period _____ years.

b. Statute of limitation _____ years.   e. Administrative need _____10_____ years.

c. Federal law _____ years.   f. Federal retention instructions _____3_____ years.

Attach copy or excert of laws or regulations. Explain administrative need.

Based on previous reference experience, Patient Accounts need files for a 10 year period.

12. Approved Disposition Instructions   This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other *See below* _____ then,

☐ Hold in the current files area _____ month(s) _____ year(s); then

☐ Transfer to local holding area; hold _____ year(s); then

☐ Transfer to State Records Center; hold _____ year(s); then

☐ Destroy.

☐ Transfer to State Archives for permanent retention.

☒ Other *(Specify)*

Monthly Patient Ledger   —   *Destroy upon receipt and verification of next monthly report.*

Annual Patient Ledger   —   *Cut-off file at the end of the fiscal year, hold in current files area for 5 years; then transfer to the State Records Center, hold 5 years; then destroy.*

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
Gwen Brewster	6-21-76	*William J McDonald* RMO	6-25-76

Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	Date
	State Auditor/Designee	*[signature]*	7-1-76
	Secretary of State/Designee	*Carroll Hunt*	6-30-76
	Attorney General/Designee	*[signature]*	7-2-76